



Psychology Internship Program

VA Sepulveda Ambulatory Care Center and Nursing Home

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APPIC MATCH Number: 116312

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<http://www.psychologytraining.va.gov>

Applications due: November 1, 2015

Welcome to the VA Sepulveda Ambulatory Care Center! We are pleased you will be considering our predoctoral internship site. We hope you find the following information helpful as you make your decision. If you have any questions, please feel free to contact us.

Accreditation Status:

The predoctoral internship at the **VA Sepulveda Ambulatory Care Center (SACC)** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2016.

Application and Selection Procedures:

Applications for full-time internship positions in psychology will be accepted from students who are enrolled in doctoral programs in clinical or counseling psychology that are accredited by the Commission on Accreditation of the American Psychological Association. The training program is funded to support **SIX** full-time internship positions. The 2016-2017 internship year will begin on August 7, 2016.

To apply for internship at the Sepulveda Ambulatory Care Center, please include the following information in your cover letter:

- List your rotations of interest in descending order of priority.

Please contact the following individuals if you have any questions:

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ELIGIBILITY:

Minimum qualifications include U.S. citizenship, enrollment in an APA-accredited doctoral program in Clinical or Counseling Psychology or in an APA-approved respecialization training program in Clinical or Counseling Psychology, good standing in your program, and approval for internship status by your graduate program training director. Applicants should have a minimum of 400 hours of supervised direct intervention and 100 hours of supervised assessment experience at the graduate pre-internship level prior to the start of internship. Other VA-wide eligibility requirements include:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff, they are subject to random selection for testing as are other employees.

For more information, please see: <http://www.psychologytraining.va.gov/eligibility.asp>.

SELECTION OF APPLICANTS:

Interns are selected based on multiple factors; these include the quality of their graduate and undergraduate education, the quality and diversity of practicum experiences, research and teaching experience, multicultural competence, letters of recommendation, and perhaps most importantly, the perceived fit between the student and our training program. We prefer applicants who have had diverse clinical experiences with a variety of patient populations. We require that applicants have passed their comprehensive exams and have had their dissertation proposal approved by the start of internship. Because of the demands of the program, we prefer that applicants have completed or have made significant progress on their dissertations before starting the internship.

Our internship program values cultural and individual diversity. We strongly encourage qualified candidates from all backgrounds to apply. It is the policy of the VA Greater Los Angeles Healthcare System to provide equal opportunity in employment for all qualified applicants, and prohibit discrimination based on race, color, religion, sex, national origin, age, sexual orientation, or status as a parent.

Applications are reviewed by the Training Committee; each application is evaluated by the Training Director and at least one other staff member to determine whether an interview should be granted. Applicants who are selected for interviews are invited to attend any one of three Open House/Interview sessions held in early and mid January. These four-to-five-hour sessions include: a campus tour, a group introduction to the staff and program, a meeting with the current interns, and two individual interviews with staff psychologists who are selected based on applicants' rotation preferences. There are typically 14-16 applicants scheduled per interview day. Refreshments are provided. It is our goal to make the interviews as comfortable as possible and to provide an accurate depiction of what the internship year at SACC will entail. In-person interviews are preferred; although in special circumstances, we will conduct phone interviews. All applicants will be notified of their interview status by December 15, 2015.

Our procedures for intern recruitment and selection are governed by the Department of Veterans Affairs, the American Psychological Association (APA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Our internship is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
Telephone: 202-336-5979/Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation*

PSYCHOLOGY SETTING:

The VA Greater Los Angeles Healthcare System (GLA) is the largest, most complex integrated healthcare system within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) offering services to veterans residing in Southern California and Southern Nevada. GLA consists of three ambulatory care centers, a tertiary care facility and 10 community based outpatient clinics. GLA serves veterans residing throughout five counties: Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo. There are 1.4 million veterans in the GLA service area. GLA is one of 21 Polytrauma Network Sites (PNS) that serves Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) Veterans with complex medical and psychological injuries, including traumatic brain injury.

GLA directs the Department of Veterans Affairs' largest educational enterprise and serves as a major training site for medical residencies sponsored by the UCLA David Geffen School of Medicine and USC School of Medicine as well as Advanced Practice Nursing Programs sponsored by local universities. GLA is affiliated with over 45 colleges, universities, and vocational schools in 17 different medical, nursing, paramedical, and administrative programs. Over 500 University residents, interns, and students are trained at GLA each year, and the institution sponsors 16 medical residencies and numerous associated health residencies in dentistry, podiatry, optometry, pharmacy, clinical psychology and dietetics. GLA's educational budget is in excess of \$30 million dollars.

The Sepulveda Ambulatory Care Center (SACC), located in the San Fernando Valley of Los Angeles, is part of the VA Greater Los Angeles Healthcare System. SACC is the major outpatient facility charged with caring for the veterans living in Northern Los Angeles. Sepulveda has redefined its mission and has become a comprehensive ambulatory care, education, and research facility. There is also a 120-bed academic nursing home care unit on the campus. SACC offers a comprehensive array of services that supports the primary care program. These services include a wide spectrum of on-site ambulatory care activities for internal medicine, neurology, and specialty ambulatory surgery services, comprehensive psychiatry and psychology services, including alcohol and substance abuse treatment, dentistry, social services, rehabilitation medicine, audiology, speech pathology, prosthetics services, and an outpatient Spinal Cord Injury Program. In addition, the Center is recognized for special programs, including Geriatric Research, Education and Clinical Care Program (GRECC) and the Women's Health Program. SACC is unique for its expertise in primary, managed care education and is a site for national VA PRIME medical residents and associate health trainees. Sepulveda's strong academic affiliation with UCLA Schools of Medicine, Dentistry and Nursing assures a progressive, high-quality healthcare environment.

SACC has a rich tradition of innovation in healthcare delivery and interdisciplinary collaboration. From an old-style traditional VA Medical Center, we have emerged as a facility in tune with the health care delivery context of today, featuring a focus on outpatient treatment. Psychology is an independent discipline, but a fully integrated and respected component of the overall mental health and medical services. Interns work closely with team members from a variety of disciplines in their clinical placements. Interns take an increasingly autonomous role in clinical teams throughout the year and are encouraged to reflect on their professional roles as a significant part of their personal and professional development.

As a teaching facility, education and training are prominent at SACC. Most members of the medical staff hold clinical and/or academic appointments at UCLA or other academic institutions. While our program's mission is to train psychology interns to become competent clinicians, research is a significant part of the facility's overall mission. Research projects, including Quality Improvement (QI) activities can be, and often are, adjuncts to an intern's clinical experience. Interns are granted four hours of protected time that can be used to work on research projects or they can work on their dissertations, if necessary. Interns may also elect to utilize those designated hours to pursue clinical activities since completion of a research project is not an internship requirement.

Interns from Sepulveda have gone on to a wide range of subsequent professional activities, including positions within VA hospitals, tenure-track academic appointments, university-based research positions, university-affiliated clinics, and private practice. The most common post-internship choice is a postdoctoral fellowship. Since 2009, 100% of Sepulveda Interns who wanted a postdoctoral fellowship secured a postdoctoral fellowship. These fellowships have included The National Center for PTSD, Loma Linda VA, Martinez VA, San Diego VA, San Francisco VA, Sepulveda VA, West Los Angeles VA, UCLA's Neuropsychiatric Institute (NPI), Harbor UCLA, USC, Kaiser Permanente, Notre Dame, Mount Sinai, Presbyterian/St. Luke's Medical Center, California Pacific Medical Center, El Camino Hospital, Stanford University Department of Medicine, and others.

TRAINING MODEL AND PROGRAM PHILOSOPHY:

The VA Sepulveda Predoctoral Internship in Psychology is a generalist program based on the practitioner-scientist model. We aim to provide breadth of training through supervised patient care and didactics. Our goal is to provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a diverse selection of patients in medical and mental health settings. Interns at Sepulveda participate in four year-long training experiences (Couples/Family Therapy Seminar, Evidence-Based Practice Seminars I and II, Neuropsychology Seminar, and Psychology Training Seminar) and three, 4-month rotations throughout the year. We also offer two 6-month elective placements – one in the Anxiety Disorders Clinic and the other in the Insomnia Clinic. We believe that breadth of training is essential in developing well-rounded, competent psychologists.

Staff at the Sepulveda VA believe in and respect the individuality of interns, honoring their diversity of personal and professional skills and interests, and recognizing the individual nature of their aspirations. Supervision is developmentally sensitive; training experiences are designed to provide more intensive supervision at the beginning of the internship and at the start of each new rotation, with the goal of increasing the interns' independence as their knowledge and skills develop. Supervision takes place through a variety of modalities including: co-therapy in which the intern and supervisor work together, direct observation, audio- and videotaping, review of written notes, and case report. By the completion of internship, our expectation is that interns will be well prepared to function at a sufficiently autonomous level required for an entry-level position or a postdoctoral fellowship. The internship itself is structured to allow maximum flexibility and to facilitate individualized training experiences.

The internship training focuses on six primary areas of clinical competence, and interns are expected to obtain proficiency in these areas.

1. **Psychotherapy:** Interns will demonstrate competency in providing individual and group interventions across a wide range of patient settings. Training experiences emphasize evidence-based treatments and the development and continued evaluation of treatment plans.
2. **Psychological Assessment:** Interns will develop skills in diagnostic interviewing and in the selection, administration, scoring, and interpretation of objective measures to assess personality, intellectual, and cognitive functioning. They will demonstrate competence in communicating their findings, both verbally and in writing, to other professionals, patients, and family members.

3. **Professional Identity and Ethical Practice:** Interns will demonstrate knowledge and appropriate application of professional ethics, laws, and standards in all clinical activities. Interns will gain exposure through supervised clinical experiences and formal training in professional and ethical standards.
4. **Interdisciplinary Liaison Skills:** Interns will demonstrate the ability to function effectively as members of interdisciplinary teams. They will collaborate with other professionals to design treatment plans and strategies to address patients' needs. Interns will develop a working understanding of team processes and group role.
5. **Scholarly Inquiry:** Interns will demonstrate proficiency in the ability to evaluate and integrate scientific literature into clinical practice. Interns will demonstrate that they have considered relevant research findings in the formulation of their treatment plans. Interns will present relevant research findings during seminars throughout the year.
6. **Individual and Cultural Competence:** Interns will demonstrate knowledge and application of individual and cultural diversity considerations in their clinical work. Competency is developed through supervised clinical work and didactics.

Interns are formally evaluated on these six areas of competence at the mid-year and end-of-year points for the year-long experiences and at the end of each elective and each rotation on a trimester basis. In addition to these general competencies, each rotation has specific goals and requirements, which will be communicated at the outset.

The Sepulveda Predoctoral internship is sensitive to issues of diversity and attempts to integrate that awareness and sensitivity into all aspects of our program. Patients who come to Sepulveda represent a diverse sample of the population in terms of ethnicity, race, sexual orientation, religious preference, gender identification, class, and age. All of our patients have some experience of having been in the military and many of them have experienced combat. Understanding this unique culture is an essential part of the internship experience. These issues are addressed in supervision, didactics, and issues-based discussions that are held on a weekly basis. Interns are also invited to participate in the institutional approach to diversity awareness by participating in the system-wide diversity committee.

Program Structure

The predoctoral internship year is one of role transition, from student to professional. The internship is structured to allow maximum flexibility and to facilitate individualized internship experiences.

YEAR-LONG SEMINARS AND PRACTICA REQUIREMENTS:

Interns will be involved in several year-long experiences, which form the core of the internship experiences. Seminars with practica are offered in Couples and Family Therapy, Neuropsychology, and Evidence-Based Practice seminars. A weekly Psychology Training Seminar covers a variety of topics related to professional development.

1. Couples/Family Seminar
2. Evidence-Based Practice Seminar I and II
3. Neuropsychology Seminar
4. Psychology Training Seminar

ELECTIVES:

- **HALF-YEAR ELECTIVE IN ANXIETY DISORDERS CLINIC**

The Anxiety Disorders Clinic (ADC) is a six-month elective training experience for 2-3 hours per week. The goal of the ADC is to gain increased experience dealing with common and more challenging anxiety disorder cases, which may include: Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Specific Phobias, Agoraphobia, and Obsessive-Compulsive Disorder. There will be a focus on diagnosis and collaboration with psychiatry for medication management. Therapy training will include Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), Biofeedback, and Relaxation training. There will be one hour of didactics each week, co-led by psychology and psychiatry staff and attended by psychology interns and psychiatry residents. Trainees are expected to give at least one case presentation.

Clinical Supervisors:

Sarah Duman, Ph.D.

- **HALF-YEAR ELECTIVE IN INSOMNIA CLINIC:** Interns will have the opportunity to work in the Insomnia Clinic for 4 hours per week delivering Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral treatments for sleep disorders and nightmares. The psychologist works closely with sleep medicine physicians and other healthcare providers to manage patients with multiple sleep-related difficulties.

Clinical Supervisor:

Jennifer Martin, Ph.D.

CLINICAL ROTATIONS:

The internship program also consists of three clinical rotations, which require a time commitment of roughly 12 hours/week for about four months each. For each rotation, interns are assigned a primary supervisor who will be working in that same setting. Currently, six clinical rotations are offered. One of our intern slots is funded by the Geriatric program; as such, there must be an intern in this rotation each trimester (i.e., 3 of the 6 interns must complete a Health Psychology: Geriatrics rotation):

1. Addictive Behaviors Clinic (ABC)
2. Health Psychology: Behavioral Medicine
3. Health Psychology: Geriatrics
4. Mental Health Recovery and Intensive Treatment (MHRIT)
5. Primary Care Mental Health Integration (PCMHI)
6. Women's Clinic

Rotation schedules are designed by the training committee prior to the commencement of the internship year. Preferences of incoming interns are the primary factors in determining the rotation schedule. However, if interns have gaps in their training, it is important to fill those gaps.

In addition to the seminars and practica, there are numerous educational opportunities at Sepulveda. There are weekly colloquia in Geropsychology and Geriatrics, Grand Rounds in both Medicine and Psychiatry, and all-day workshops offered for GLA psychologists.

During the year, each intern will have the opportunity to present his/her work in a colloquium format for the psychology department. The presentations will include one case presentation and one presentation on the intern's research.

MENTORSHIP:

Prior to arriving for internship, each intern is assigned an advisor. Ideally, the advisor is not one of the intern's primary clinical supervisors. The role of the advisor is to help interns maximize their training year. The advisor will be familiar with the intern's prior training experiences and future needs. The intern and advisor meet, as needed, to discuss the intern's training program. The advisor is a resource if the intern

encounters any problems during the internship and a resource to assist the intern in exploring the many experiences and opportunities available at Sepulveda.

SUPERVISION:

Interns will have a number of different supervisors at any one time, but they will have three primary supervisors throughout the year, which is dictated by which rotation they are on. They receive a minimum of four hours of supervision per week, at least two hours of which include individual face-to-face supervision. Interns have the opportunity to observe supervisors conducting evaluations in many settings, especially at the outset of the rotation, and frequently serve as co-facilitators for group interventions.

EVALUATION:

Interns are asked to complete a self assessment at the beginning of the training year and again at the midpoint. This is done to promote self reflection, to identify gaps in training, and to develop goals for the internship year. The Internship Program encourages ongoing feedback among interns, supervisors, and the Training Committee. Staff members informally review interns' progress at monthly staff meeting. Supervisors and interns complete formal, written, competency-based evaluations at the end of each rotation with the expectation that feedback is an ongoing process throughout the rotation. These evaluations encourage communication, identify strengths and weaknesses, and set goals for training. Interns are required to complete trimester evaluations of their supervisors and of their rotations and elective placements. Intern and seminar evaluations are also completed at the mid- and end-points for year-long experiences. The Training Program also solicits feedback from interns on programmatic issues informally throughout the year. Interns are encouraged to meet with the Director of Training on a monthly basis to discuss any problems, concerns, or suggestions for program improvement. Interns complete a formal program evaluation and an exit interview with the Director of Training at the completion of the year.

Sepulveda's goal is to provide a successful and rewarding internship experience for all of our interns. The staff is highly committed to training, and we work to tailor the internship to meet each intern's individual interests, needs, and goals.

REQUIREMENTS FOR COMPLETION

In order to maintain good standing in the program, interns must:

1. Abide by the APA Ethical Principles and Code of Conduct and all VA policies, rules and regulations
2. Obtain an average rating of "Fully Successful" in each of the six core competency areas, with no serious ethical violations
3. Meet all administrative requirements

Criteria for Successful completion of internship:

1. Completion of 2080 hours of supervised professional experience, to be completed in one year of full-time training
2. Satisfactory performance in all six clinical competency areas. Interns are evaluated at the completion of each of the three rotations and at the mid- and end-points for each year-long experience. During internship, interns are expected to achieve an average rating of '3' (Fully Satisfactory) in each competency area, with no serious ethical violations. It is expected that as interns gain in knowledge and skill during the internship year, they will be able to carry out more advanced tasks with greater independence. Successful completion of internship is determined by an average rating of '4' (Semi-autonomous) or higher in all clinical competency areas, with no areas requiring remediation and no serious ethical violations.
3. Didactic Training. Interns are required to attend weekly and monthly Intern Seminars and Psychology Department workshops. In addition, interns must attend educational activities required on their rotations.

ROTATIONS

Each intern completes three rotations over the internship year. There are six rotations from which to choose. Please note that one of the internship positions is funded by the Geriatric Center. As such, the internship requires that the Health Psychology: Geriatrics rotation be filled each trimester (i.e., 3 out of the 6 interns must complete this rotation).

ADDICTIVE BEHAVIORS CLINIC

The Addictive Behaviors Clinic (ABC) offers an Intensive Outpatient Program (IOP) to male and female Veterans, ages 20 to 80, who are dependent on alcohol, heroin, cocaine, amphetamines, and/or other substances. Most patients have concomitant psychological problems. Patients are required to commit to a minimum of 16 weeks of 3 days/week treatment and many continue in aftercare treatment for a year or longer. Therapeutic interventions are recovery oriented and include evidence-based treatment of early recovery and relapse prevention skills through the Matrix model of treatment, as well as DBT skills-based emotions management groups and CBT skills-based groups. Veterans develop a network of community and support.

Interns on the rotation participate in the same functions as the staff psychologist. Within IOP, they lead psychoeducation groups, small and large therapy groups, administer and interpret self-report measures, and conduct individual psychotherapy while working within an interdisciplinary team to make both administrative and treatment decisions. Interns are encouraged to teach and to model adaptive behaviors, including self-awareness, boundary management, and accurate empathy. In addition to the IOP, interns will also participate in PTSD/SUD empirically-validated, harm-reduction treatment groups based on Lisa Najavits' Seeking Safety workbook. Further, interns participate in a Healthy Habits group, which is an empirically supported, harm-reduction treatment group based on the stages of change model. These groups allow for contrast from the abstinence-based/disease model component of training, giving the intern a chance to learn how to match treatment approaches with patient needs. Interns may also have the opportunity to participate in the Smoking Cessation Clinic, which provides evidence-based tobacco cessation treatment (behavioral counseling in a group plus options for medication) for individuals who would like to quit or are thinking about quitting.

There is considerable freedom for interns to focus on patient issues that interest them. In an independently led group, interns may focus on a topic of their own choosing. Past groups have focused on issues as diverse as grief, emotions management, and smoking cessation, among others. Interns routinely co-lead (with the staff psychologist, social worker or nurse) treatment groups.

The treatment team is drawn from various disciplines, including nursing, recreation therapy, psychiatry, social work, peer support, and psychology. Learning to coordinate interdisciplinary care is an important focus of training on the rotation. Interns are encouraged to develop and to model effective staff interactions, which patients can utilize to improve their own peer relationships.

The goals of psychology training on the unit are to:

1. Understand and implement the techniques of abstinence-based relapse-prevention and harm-reduction approaches to treat substance use disorders.
2. Competently obtain drug histories while assessing co-morbidities.
3. Comprehend issues and treatment strategies for dual-diagnosis patients with special emphasis on PTSD.
4. Improve group therapy skills.
5. Understand the role of consistency and modeling in team cohesion and with patients.

GOALS	REQUIREMENTS
1. Learn Evidence-based treatments of Substance Use Disorders.	Co-lead and/or lead: <ul style="list-style-type: none"> • Matrix Early Recovery/Relapse Prevention groups • Seeking Safety groups • Stages of Change harm-reduction group • DBT Skills-based Emotions Management group
2. Learn the value of interdisciplinary collaboration for Substance Use Clinics.	Participate in twice weekly Team Meetings.
3. Develop individual psychotherapy skills with Veterans diagnosed with concomitant Substance Use Disorder and Affective Disorders.	Under supervision, provide Individual Therapy for two Dual Diagnosis Veterans.
4. Develop appreciation of and skills with the diversity of cultures and subpopulations within the Substance Use Disorders community, with emphasis on appropriate individualized interventions.	Through supervision of cases and emphasis on learning within supervision, students will master recognition of differences between Veterans with similar diagnoses.
5. Learn the history of addiction treatment, politics, and research that has changed policy.	Completion of assigned readings and discussion in supervision.
6. Learn evidence-based assessment for Substance Use Disorders and clinical interviewing with an SUD focus; utilize this to inform individual and group treatment.	Complete Brief Addiction Monitors (BAMs) on patients enrolling in ABC, as well as complete intake assessments of new patients into the program.

Clinical Supervisors:

Alex Barrad, Psy.D.

Melissa Lewis, Ph.D. (Primary Supervisor)

HEALTH PSYCHOLOGY: BEHAVIORAL MEDICINE

The Health Psychology: Behavioral Medicine rotation aims to introduce trainees to the foundational competencies expected in the doctoral-level health psychologist. This includes developing skills in the assessment of psychological concerns related to the interplay between physical and mental health, developing expertise in the implementation of empirically-supported brief interventions, and developing the professional acumen necessary for working within interprofessional teams.

Leaders in the field have noted that psychology is experiencing a figure-ground reversal in regards to mental health. This is an acknowledgement that mental disorders are only one set of health problems addressed by the skill set of health psychology. The goal of this rotation is to provide the intern with the skill and experience in consultation, assessment, intervention, and education via direct experience with Veterans suffering from acute and chronic medical illnesses. Interns serve as collaborative members of interprofessional teams in which psychological skills and mind-body medicine are valued.

The clinical settings of the health psychologist are diverse; however, the competencies are similar across settings. These competencies include assessment strategies for individuals and systems, education, brief empirically-based interventions, evaluation of behavioral risk factors, consideration of the biopsychosocial factors that impact adherence to treatment, and consultation with patients, their family members and/or other providers on interprofessional teams. The health psychologist provides a variety of psychological interventions, such as group and brief individual psychotherapy, stress management, education and health-promotion activities, and support groups with a strong focus on evidence-based treatments. We appreciate that many interns begin the training year with little or no specific health psychology experience. The health psychology rotation supervision team works closely with interns to provide the observation, modeling, and supervision required to develop competency in health psychology assessment and intervention skills.

Specific elements of the health psychology rotation include:

COPING WITH MEDICAL ILLNESS GROUP

- Interns will provide time-limited group therapy to promote self-care and manage stress in Veterans with chronic medical conditions and comorbid mood and anxiety spectrum disorders. Interventions are primarily cognitive behavioral and skills based. Each session will focus on a particular topic related to coping with medical illness, such as communication skills with providers, medication management, the relationship between stress and health, sleep hygiene, pain management, and valued living. Interns are encouraged to introduce the group to other relevant topics of interest to them.

MOVE – Weight Management for Veterans

- This national, evidence-based program fully integrates health psychology into a multidisciplinary team of medical providers, dietitians, and health educators treating obesity. Interns provide individual and group interventions incorporating motivational enhancement strategies and relevant psychoeducation.

POLYTRAUMA PROGRAM/TRAUMATIC BRAIN INJURY

- This program serves Veteran and active duty military returning from Iraq and Afghanistan who have multi-system injuries, including traumatic brain injury. Interns participate in neuropsychological and psychodiagnostic assessment, cognitive rehabilitation, individual and family psychotherapy and education, interdisciplinary treatment team planning, consultation to the treatment team, and community education.

MINDFULNESS BASED STRESS REDUCTION PROGRAM

- The Greater Los Angeles Healthcare System is a national Center for an Innovation program, which has funded the creation of a Center for Integrative Medicine and Healing in the GLA network. This pioneering program is introducing Mindfulness Based Stress Reduction (MBSR) along with other modalities of care. Interns may choose to participate in a variety of mindfulness based trainings and also join one of the MBSR classes. Interns with a personal mindfulness practice may co-facilitate MBSR with a certified instructor.

TIME-LIMITED INDIVIDUAL PSYCHOTHERAPY

Interns have the opportunity to provide time-limited psychotherapy to Veterans with comorbid physical and mental health problems and to implement various evidence-based approaches and interventions. Patients present with a range of medical diagnoses and both preexisting and newly diagnosed mental health issues.

Other health psychology opportunities may also be explored based upon interest, such as HIV mental health, smoking cessation, and health promotion presentations. Trainees are encouraged to develop and implement new intervention programs based upon their interests and the needs of the patients.

GOALS	REQUIREMENTS
1. Evaluate psychological issues in medical patients, including selection and administrative of assessment tools appropriate to the patient's illness and disease, for the purpose of developing treatment plans.	<ol style="list-style-type: none">1. Perform a minimum of five neuropsychological screening evaluations.2. Provide feedback to the patient and to the referral source and treatment team, if applicable.
2. Provide effective individual and group evidence-based treatments for patients with acute and chronic medical illnesses, taking into consideration psychological, cultural, and social-environmental factors associated with health behaviors, illness, and disease.	<ol style="list-style-type: none">1. Co-lead a psychotherapy or support group for medical patients, or2. Co-lead an educational group for medical patients3. Select an appropriate treatment modality and provide short-term intervention for at least two patients.
3. Function effectively as a psychological consultant on an interprofessional medical team.	<ol style="list-style-type: none">1. Serve as the primary mental health consultant for a medical team.2. Participate in interprofessional treatment team meetings and provide concise feedback to team members from diverse disciplines.
4. Apply the Health Psychology clinical research literature to assessment and intervention.	<ol style="list-style-type: none">1. Increase knowledge through focused readings in health psychology and health promotion.2. Attend Health Psychology presentations at the Intern Seminar.
5. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.	<ol style="list-style-type: none">1. Increase knowledge through readings, supervision, and case discussion.2. Attend didactic presentations.

Clinical Supervisors:

Erin Joyce, Psy.D. (Primary Supervisor)

Alexis Kulick, Ph.D., ABPP/CN

J. Greg Serpa, Ph.D.

HEALTH PSYCHOLOGY: GERIATRICS

The Health Psychology: Geriatrics rotation incorporates training in the Adult Day Health Care (ADHC) program, Community Living Center (CLC), Hospice unit, and Home Based Primary Care (HBPC) program.

ADHC Program, Community Living Center (CLC), and Long Term Care

Training in geriatric psychology and rehabilitation occurs in the ADHC Unit, which has recently been reorganized into an outpatient adult-day health-care program housed within Building 99, the Nursing Home. The ADHC Unit offers comprehensive interdisciplinary treatment involving such disciplines as Rehabilitation Medicine, Nursing, Pharmacy, Dietetics, Psychology, Speech and Audiology, Geropsychiatry, Social Work, and Occupational and Recreational Therapies. The patient population is predominantly male and middle-aged to very elderly. Some of the more common diagnoses include: stroke, traumatic brain injury, and Parkinson's disease. Less common diagnoses are also seen, such as Huntington's disease and Multiple Sclerosis. Most have no prior psychiatric histories, but many present with depression and social isolation, secondary to their altered functional status. All have disabilities in areas such as ambulation, speech, cognition, and activities of daily living. The Community Living Center (CLC) and Hospice are inpatient programs at the Nursing Home and offer opportunities to work with families and patients facing terminal diseases and end of life concerns.

Home Based Primary Care (HBPC) Program

The VA HBPC program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic, disabling diseases.

HBPC began as a pilot project at six facilities in 1970 and became an established program in 1972. The HBPC model targets persons with complex, chronic, and progressive diseases and provides interdisciplinary care that is longitudinal and comprehensive, rather than episodic and focused. HBPC provides cost-effective home-based primary care services, palliative care, mental health care, rehabilitation, disease management, and coordination of care. HBPC teams typically include representatives from such disciplines as medicine, mental health, nursing, pharmacy, social work, psychology, rehabilitation, and dietetics. Psychology trainees conduct evaluations in patients' homes and provide short-term psychotherapy services for patients and caregivers.

HBPC targets primarily the following types of patients in need of home care:

1. Longitudinal care patients with chronic, progressive, and complex medical, social, and behavioral conditions, particularly those at high risk of hospital, nursing home, or recurrent emergency care.
2. Longitudinal care patients who require palliative care for an advanced disease that is life limiting and refractory to disease-modifying treatment.
3. Patients whose home-care needs are expected to be of short durations or for a focused problem.

Special skills required:

1. Diagnostic interviewing
2. Screening assessments of cognitive and affective functioning
3. Comprehensive neuropsychological assessments and feedback sessions
4. Group and individual psychotherapy
5. Participation in team treatment planning

Role of the Intern:

The intern on the rotation will function in the same way as the staff psychologist. This individual will provide a full range of psychological services to patients and their families, including screening, psychological, cognitive, and capacity assessments, psychotherapy, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The individual will also provide evidence-based interventions to help patients manage behavioral factors associated with health problems and to promote medical compliance.

GOALS	REQUIREMENTS
<ol style="list-style-type: none">1. Obtain a fundamental knowledge of aging and mental health, including how psychopathology presents in the elderly.2. Obtain a fundamental knowledge of developmental processes in normal aging.3. Obtain a fundamental knowledge of how cultural and individual diversity impact the aging process.	<ol style="list-style-type: none">1. Attend interdisciplinary team meetings.2. Focused readings.3. Discussion in supervision.
<ol style="list-style-type: none">4. Obtain skills in the assessment of older adults, including neuropsychological and psychodiagnostic evaluation.	<ol style="list-style-type: none">1. Administer and interpret at least two neuropsychological screening batteries.2. Perform a comprehensive psychiatric interview and mental status exam with two outpatients.3. Participate in an interdisciplinary team setting.
<ol style="list-style-type: none">5. Obtain skills in treating older adults, using a variety of modalities and treatment options.	<ol style="list-style-type: none">1. Provide brief psychotherapy to two older adults.2. Participate in one group for older adults.
<ol style="list-style-type: none">6. Learn about working with older adults and their families in a home based community setting.7. Obtain a fundamental knowledge of providing psychological services within the home setting with a primary care team.8. Obtain knowledge about safety, limitations, and barriers associated with conducting home visits.9. Obtain fundamental knowledge about how to conduct suicidal risk assessments in the community and what procedures to take to ensure safety.10. Describe the values of interdisciplinary team process to provide optimal care in the home.	<ol style="list-style-type: none">1. Conduct 3 or more home visits to veterans through the Home Based Community Program.2. Interaction with interdisciplinary team.3. Weekly supervision.4. Focused readings.

Clinical Supervisors:

Falguni Chauhan, Ph.D (Primary Supervisor)

MENTAL HEALTH RECOVERY AND INTENSIVE TREATMENT (MHRIT)

The Mental Health Recovery and Intensive Treatment (MHRIT) Program is an innovative program that provides recovery-based treatment for patients with a variety of diagnoses, such as PTSD, depression, anxiety, and other Serious Mental Illnesses. The interprofessional staff in MHRIT provides a variety of time-limited, evidence-based treatments, such as Cognitive Processing Therapy, Social Skills training for Schizophrenia, and other innovative treatments, such as Breathing/Stretching/Relaxation and i-Rest Yoga. The treatment team is comprised of providers from social work, nursing, psychiatry, psychology, recreation therapy, and occupational therapy, as well as peer support specialists.

The program is designed to allow patients access to assessment and treatment. Referrals to MHRIT come from within mental health and Primary Care Mental Health Integration and from other VA facilities. The MHRIT team works to provide easy access to the program through consultation with staff in all programs of the medical center. Veterans are invited to attend MHRIT Orientation, at which time they learn about the various treatment options. The Veterans then meet individually with a treatment provider to discuss treatment options that are aligned with their goals.

Both group and individual treatment efforts are guided by goals established with the patient and the team in the initial stages of treatment. These goals are based in the principles and practices of recovery. Treatment options are trans-diagnostic, and they are informed by the empirical evidence. They include individual and group psychotherapy options as well as numerous psychoeducation and wellness programs. Treatment is individualized to assist Veterans in achieving their personal goals in the community. The vision and goals of the MHRIT program include the staff's commitment to providing effective treatments for affective disorders, PTSD, and serious mental illness in a patient-centered environment. We believe that:

- All people have the capacity to learn and grow.
- All people are to be treated with dignity and respect.
- MHRIT treatments build on the strengths of each person.
- MHRIT treatments help people to re-establish normal roles and goals and to reintegrate into community life.
- All people are given the opportunity to develop an individualized recovery plan.

Trainees on MHRIT will participate in all aspects of treatment. They will conduct assessments, provide individual psychotherapy, facilitate groups, and participate in interprofessional team conferences. Group therapy options are as follows:

CBT FOR DEPRESSION

- CBT is an evidence-based, time-limited, present-focused approach to psychotherapy that helps patients to modify dysfunctional thinking patterns/cognitions, maladaptive emotions, and behaviors in order to assist them in resolving current problems. A typical course of CBT is approximately twelve sessions in which patients are seen on a weekly basis. The group is jointly run by social work and psychology.

PTSD TREATMENT GROUPS

- The PTSD Treatment Group(s) are for any veteran patient seeking treatment for PTSD. Most of the patients will participate in Cognitive Processing Therapy (CPT) -- one of the evidence-based treatment modalities specifically for PTSD. CPT usually consists of 12 weekly sessions.

SOCIAL SKILLS GROUP

- This group is based on a well-researched, evidence-based model of social skills training for schizophrenia (Bellack et al). Groups provide an opportunity to learn about and practice expressive, receptive, and conversational skills involved in human relationships. The group focuses on skills training in the following areas: Conversation, Assertiveness, Conflict

Management, Communal Living, Friendship and Dating, Health Maintenance, Work, and Coping Skills for Drug and Alcohol use.

IREST

- iRest is a type of yoga that is a research-based practice of deep relaxation and meditative inquiry. It is a Tier One Integrative Medicine Modality for patients with PTSD and chronic pain. Research has shown that it helps patients to navigate phobias, suicidal feelings, mood disorders, insomnia, fatigue, panic disorder, and obsessive-compulsive disorder.

EMOTIONS MANAGEMENT

- This group is based on Dialectical Behavior Skills Training (Linehan, 2014). Group content will focus on core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skill building.

GOALS	REQUIREMENTS
1. Learn assessment of a range of psychiatric diagnoses, with an emphasis on mood disorders and PTSD. Develop increased familiarity of differential diagnoses.	1. Complete a weekly mental health assessment and treatment plan for Veterans, with a focus on recovery-oriented goals.
2. Learn evidence-based group treatments..	1. Co-lead and/or lead at least 3 groups. 2. Provide individual psychotherapy to at least 3 Veterans.
3. Learn to work within an interprofessional team and across treatment teams.	1. Attend treatment team meetings one time per week, and contribute to recovery-oriented case management, case conceptualization, and treatment planning. 2. Assist with coordination of care of Veterans across multiple treatment teams (e.g., ABC, OTP, PC-MHIC, MHC).
4. Address issues of individual and cultural diversity in assessment, treatment, and consultation.	1. Increase knowledge of cultural variables through supervision, case discussion, and readings.

Clinical Supervisors:

Charles DeLeeuw, Ph.D.

Shana Spangler, Psy.D. (Primary Supervisor)

Alex Barrad, PsyD

Sarah Duman, PhD

PRIMARY CARE MENTAL HEALTH INTEGRATION

This rotation includes training experiences in the Primary Care Clinic and the Relaxation and Meditation Program.

Primary Care:

Interns will be engaging in co-located collaborative care on an interdisciplinary primary care team, and providing initial assessments to patients presenting with a wide variety of issues who may be experiencing their first contact with mental health services. Interns will have the chance to conduct intake interviews, perform “curb-side” consults and to generate joint treatment plans with psychiatrists, primary care providers, and other medical providers. Interns will also be involved in conducting groups and will be responsible for providing patients with psychoeducation, coping skills, and facilitating patients' involvement in the next step of their mental health treatment.

Activities for the intern participating in this rotation will involve weekly intakes as well as walk-in assessments. They will be involved in providing individual and group psychotherapy.

The Relaxation and Meditation Program:

This program introduces evidence-based cognitive behavioral, mind-body skills to patients who have a variety of mental health and medical concerns. Patients begin with an introductory group, and are then offered their choice of weekly yoga or meditation groups for skills enhancement. Interns will participate on an interdisciplinary team, learn about the role of psychologists in primary care settings, and will co-facilitate their own introductory groups, including:

INTRODUCTION TO RELAXATION

- This transdiagnostic group educates patients on the physiological effects of unmanaged stress and helps them to build skills in a variety of evidence-based mind-body approaches that can be effective in reducing subjective stress, depression, anxiety, physical pain, hypertension, troubled sleep, etc.

MINDFUL LIVING

- This group is for graduates of the MBSR or Intro to Relaxation and Meditation groups. It provides a forum for 35-40 minute formal mindfulness practice. There is time for discussion of and support for how patients are incorporating mindfulness in their daily lives.

Other Groups that are offered according to patient need and which could be available for co-facilitation:

IREST

- iRest is a type of yoga that is a research-based practice of deep relaxation and meditative inquiry. It is a Tier One Integrative Medicine Modality for patients with PTSD and chronic pain. Research has shown that it helps patients to navigate phobias, suicidal feelings, mood disorders, insomnia, fatigue, panic disorder, and obsessive-compulsive disorder.

BIOFEEDBACK

Biofeedback is a method that uses the mind to control what we perceive as automatic body responses. Biofeedback is an evidence-based treatment that has been shown to help manage chronic pain, headaches, anxiety, hypertension, and temporomandibular disorders. The goal of biofeedback therapy is to improve overall health, to assist in the prevention of chronic disease, and to correct negative states which may lead to poor health outcomes. With biofeedback sensors, we can measure and monitor the following physical aspects which may impact health: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature

(thermistor). This information, in conjunction with skills, can assist us in improving overall health. Over time, these changes can endure without continued use of instrumentation.

Interns may have the option to start their own group, based on interest and patient need.

GOALS	REQUIREMENTS
1. Function effectively as a psychology consultant on an interdisciplinary medical team.	<ol style="list-style-type: none">1. Serve as the primary mental health consultant for a medical team.2. Assist medical providers with health behavior change for issues, such as insomnia, pain, lifestyle issues, adjusting to illness, or adherence concerns.3. Participate in interdisciplinary, often impromptu, treatment team meetings.
2. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.	<ol style="list-style-type: none">1. Increase knowledge through readings, supervision, and case discussion.2. Attend didactic presentations.
3. Enhance psychotherapy skills.	<ol style="list-style-type: none">1. Facilitate at least two psychotherapy groups.2. Provide evidence-based, short-term therapy to at least 4 clients with a range of diagnoses.
4. Develop skills for quick and thorough assessment of a range of diagnostic issues, including Veterans with subclinical presentations.	<ol style="list-style-type: none">1. Complete weekly mental health assessments and quickly ascertain appropriate treatment interventions, from brief psychotherapy to referral for medication evaluation to engagement in therapeutic groups.2. Assist with rapid assessment of danger to self and others.3. Facilitate referrals to more intense levels of mental health care.

Clinical Supervisors:

Sarah Duman, Ph.D. (Primary Supervisor)

WOMEN'S CLINIC

The Women's Health Clinic (WHC) at the Sepulveda VA is a comprehensive women's health care center that provides primary and specialty (e.g., OB/GYN) care, as well as psychiatry, psychology, and social work services. The Women Veteran population seen in the WHC is diverse in terms of age, race, ethnicity, and sexual orientation. Women Veterans present for mental health treatment with a range of psychiatric diagnoses such as mood disorders, anxiety disorders, including posttraumatic stress disorder (PTSD), substance abuse, and personality disorders. A subset of women Veterans presents with combat-related trauma, military sexual trauma (MST), and other non-military-related trauma (e.g., childhood abuse). Many of the women Veterans seen in the WHC have served in recent combat zones. Common medical diagnoses include musculoskeletal disorders, including chronic pain, heart disease, and diabetes. Trainees would have the opportunity to provide services in the context of an interprofessional team, such as conducting comprehensive mental health initial assessments, providing individual and group psychotherapy, and consulting with interprofessional team members. Current psychotherapy groups include:

1. CBT-based Coping with Anxiety and Depression Group
2. DBT Skills-Based Emotion Management Group
3. CPT Group for PTSD
4. Understanding the Effects of Trauma – psychoeducational group for female trauma survivors.

Trainees are encouraged to start other psychotherapy groups that are appropriate for the treatment needs of women Veterans and that are of interest to the trainee. Trainees will be able to attend the monthly Women's Health Interprofessional Staff Meeting and to participate in the monthly Women's Health Mental Health Case Conference with psychiatric clinic staff. In addition, trainees will receive didactic training on women's health issues, both medical and psychiatric, and other issues unique to working with women Veterans.

GOALS	REQUIREMENTS
1. Learn about the unique mental and physical health issues and needs of women Veterans in this comprehensive women's health care center.	<ol style="list-style-type: none"> 1. Provide psychological services to women Veterans as a member of an interprofessional treatment team. 2. Increase knowledge through readings, supervision, case discussion, and consultation with other clinic providers. 3. Attend didactic presentations.
2. Function as a mental health treatment provider on an interprofessional medical team.	<ol style="list-style-type: none"> 1. Attend monthly staff meetings. 2. Attend monthly case consultation meetings with psychiatry staff, including residents. 3. Consult with patients' psychiatric medication and primary care providers as needed.

3. Enhance skills in performing a comprehensive intake assessment, psychodiagnostic assessment, and treatment planning with new and already established women Veteran patients.	1. Conduct standard intake assessments and more in-depth psychodiagnostic assessments (as needed) with psychotherapy referrals. 2. Determine and facilitate appropriate treatment plans.
4. Enhance and broaden skills providing evidence-based psychotherapeutic treatment services to this women Veteran population.	1. Provide individual psychotherapy to 3-4 patients who are diverse in terms of psychiatric diagnoses and sociocultural characteristics. 2. Facilitate at least two psychotherapy groups.

Clinical Supervisors:

Erin Joyce, Psy.D. (Primary Supervisor)

YEAR-LONG PRACTICAS AND SEMINARS

COUPLES AND FAMILY THERAPY SEMINAR:

The Couples and Family Therapy Seminar provides education and training to psychology trainees interested in applying a systems or relationship perspective to understanding human behavior. Trainees learn to view couples and families as organizationally complex emotional systems in which members engage in repetitive transactions. Symptomatic behavior in an individual member represents a manifestation of flawed processes currently taking place within the couple/family system. Therapeutic interventions are directed at collaborating with couples and families as they, together, seek new solutions to previously unresolved conflicts.

The seminar series is offered on a weekly basis and covers both theoretical and clinical issues. Participants learn the evolving viewpoints, perspectives, values, assessment and intervention techniques, and goals of couple and family intervention, as well as their application to such problems as child abuse, addictive behaviors, domestic violence, intergenerational conflict, divorce, and other manifestations of dysfunctional family behavior.

The training program includes a clinical as well as a didactic component. A consultation room with a one-way mirror allows observers to view ongoing treatment as conducted by trainees or as demonstrated by the supervisors. Live supervision of trainees conducting therapy, co-therapy with supervisor and trainees, videotapes of master therapists, and continuous case conferences provide exposure to a variety of clinical situations and lead to enhanced clinical skills. Individual supervision is available to supplement group supervision.

The Couples and Family Clinic is scheduled one afternoon per week and most cases are seen that day to provide trainees with access to supervision. The clinic functions from September through July.

Clinical Supervisors:

Falguni Chauhan, Ph.D.
Erin Joyce, Psy.D.

EVIDENCE-BASED PRACTICE SEMINAR I:

Interns will attend a year-long seminar in Evidence Based Practice, which provides lecture, training, application, and supervision in the treatment of PTSD, anxiety, and depression using VA researched and approved treatments. This weekly seminar specifically includes training in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for the treatment of PTSD. The seminar may also include an opportunity to train in the use of Virtual Reality to augment PE treatment.

Clinical Supervisors:

Alex Barrad, Psy.D.
Melissa Lewis, Ph.D.
Shana Spangler, Psy.D.

EVIDENCE-BASED PRACTICE SEMINAR II

Interns will attend a year-long seminar in Acceptance and Commitment Therapy (ACT). ACT is a transdiagnostic third-wave cognitive-behavioral treatment that addresses human pain and suffering. Through mindfulness, metaphor, and various experiential exercises Veterans are encouraged to accept feelings and thoughts, choose valued directions, and take action. The ACT Seminar at SACC is designed to:

1. Teach ACT theory and clinical practices for treating Veterans with a range of diagnoses.
2. Provide ongoing consultation for psychology interns in the implementation of ACT.
3. Promote competency of ACT.

Clinical Supervisors:

Charles De Leeuw, Ph.D.

David Schafer, Psy.D.

NEUROPSYCHOLOGY SEMINAR:

This program is designed to provide psychology interns with an initial competence in the neuropsychological assessment of adults with known or suspected central nervous system injury or disease. The approach emphasizes the hypothesis-testing method, which takes from both standard test batteries as well as a variety of specialized techniques that evaluate attention, processing and psychomotor speed, language functioning, visuospatial functioning, memory, and executive functioning, etc. Training will include basic and correlative neuroanatomy, brain-behavior relationships, understanding and treating common neurobehavioral disorders such as head trauma, stroke, dementia, seizures, demyelinating disorders, the differentiation between organic and functional disorders, and the etiology and prognosis of the disorders studied. The patients assessed include male and female adult outpatients suffering from a broad array of neurocognitive and neurobehavioral disorders. Traumatic brain injury (TBI) cases are a special focus at Sepulveda, given the high rates of Veterans with blast injuries from Iraq and Afghanistan. Interns play a significant role in providing services to these recently returning Veterans. Interns will learn a range of techniques, from brief screenings to abbreviated problem-focused assessments, to comprehensive batteries. An average weekly commitment of 2-4 hours is anticipated, with as little as two hours some weeks and as many as eight hours other weeks.

The didactic portion of the course includes presentations by the course instructor and case discussions. Interns will give case presentations on an ongoing basis throughout the year in the context of group supervision. The practicum portion of the course consists of a minimum of two full assessments each six months depending upon clinical demand and the interest of the student. Thus, the minimum requirement is four comprehensive evaluations per year; however, interns are encouraged to complete more than four per year if desirous of additional assessment experience. Additionally, interns will co-facilitate feedback sessions with the supervisor to help the patients and their family members understand the results of the clinical assessment. The intern will also assist in treatment planning and make recommendations for rehabilitation.

Psychodiagnostic assessment is also a focus in this seminar, and participants will develop proficiency in the interpretation of MMPI-2, MCMI-III, among others. In addition to cognitive evaluations described above, the Neuropsychology service has received consults for diagnostic clarification, evaluations of Autism Spectrum Disorders, ADHD and LD evaluations, evaluations for hormone replacement therapy in transgender patients, pre-transplant evaluations, and ADHD/Learning Disability Evaluations, among others. This seminar provides a rich learning environment in all kinds of assessment. Interns will meet for two hours each week for instruction, group supervision, and case conferences. Interns are also supervised individually on each case; supervision times are arranged at mutual convenience.

Clinical Supervisor:

Alexis Kulick, Ph.D., ABPP/CN

DIDACTICS

PSYCHOLOGY TRAINING SEMINAR:

The Psychology lecture series is designed to provide weekly didactic instruction on diverse issues relevant to the practice of psychology. Topics covered include, diversity, preparing for post-docs and licensure, military culture, boundary issues, and other professional issues. These topics are intended to complement the clinical training activities during the internship year. Interns are required to make two

presentations during the year; one will involve a case presentation, and the other will focus on dissertation research or research conducted during the internship year.

Seminar Coordinator:
Melissa Lewis, Ph.D.

ADDITIONAL OPPORTUNITIES

There are many other educational opportunities available during the internship year. These include VA Psychiatry and Mental Health Grand Rounds, GRECC-sponsored programs and conferences, continuing education programs sponsored by the Psychology Department, GLA-sponsored events, UCLA Semel Institute for Neuroscience and Human Behavior Grand Rounds (<http://www.psychiatrygrandrounds.com/>) and many programs and lectures in the community. Attendance at optional educational activities is at the discretion of the Training Director and rotation supervisor(s).

Facility and Training Resources:

Interns are provided with office space and computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services as well as VA Intranet and Internet resources for clinical work and research. The Psychology Department has a Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and test scoring programs.

Administrative Policies and Procedures:

Authorized Leave: The Sepulveda Ambulatory Care Center's policy on Authorized Leave is consistent with the national standard. In the course of the year, interns accrue 13 vacation days and 13 sick days (4 hours of vacation and 4 hours of sick time are accrued every two-week pay period) and 10 paid holidays. Interns may request up to 5 days (40 hours) of educational leave/authorized absence (AA) for off-site educational activities. The following professional activities qualify: defending one's dissertation, post-doctoral fellowship interviews, conferences, pre-licensure seminars, and workshops outside of GLA.

Stipend: The stipend for the training year is \$26,704.

Benefits: VA interns are eligible for health insurance (for self, legally married opposite and same sex spouse, and legal dependents) and for life insurance.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available on request.

Privacy policy: We will collect no personal information from you when you visit our Website.

Self-Disclosure: Our program sets no requirement for self-disclosure.

TRAINING STAFF

Barrad, Alex, Psy.D.

Training Roles: Supervisor, Co-Leader of Evidence-Based Practice Seminar I

Rotation: Addictive Behaviors Clinic, MHRIT

Undergraduate Program: University of California, San Diego, 2007

Doctoral Program: PGSP-Stanford Psy.D. Consortium, 2013

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2012-2013

Postdoctoral Fellowship: VA Loma Linda Healthcare System (Trauma), 2013-2014

Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder, Acceptance and Commitment Therapy (ACT), Evidence-Based Treatments

Orientation: Cognitive-behavioral, Integrative

Chauhan, Falguni, Ph.D.

Training Roles: Associate Director of Training; Supervisor; Co-leader of Couples/Family Seminar and Supervision of Supervision

Rotation: Health Psychology: Geriatrics

Undergraduate Program: University of California Irvine, 1992

Graduate Program: Boston University, M.A., 1995

Doctoral Program: University of Houston (Counseling), 2007

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2006-2007

Areas of Interest: Geropsychology, Home Based Primary Care, Neuropsychology, Dementia, Alzheimer's Disease, Multiple Sclerosis, Posttraumatic Stress Disorder, TBI, Family Therapy, Caregiver Stress, Individual and Group Therapy.

Certifications: Certified VA Integrative Behavioral Couples Therapy (IBCT) and Cognitive-Behavioral Therapy for Insomnia (CBT-I) Provider

Orientation: Eclectic/ Integrative

DeLeeuw, Charles E., Ph.D.

Training Roles: Supervisor, Facilitator of Evidence-Based Practice Seminar II

Rotation: Mental Health Recovery and Intensive Treatment

Undergraduate Program: Hope College, 2005

Graduate Program: Fuller Graduate School of Psychology, MA, 2007

Doctoral Program: Fuller Graduate School of Psychology, PhD, 2011

Predoctoral Internship: Pacific Clinics, Arroyo FSP, 2010-2011

Postdoctoral Fellowship: VA Pacific Islands Health Care System, PTSD & SMI, 2011-2012

Areas of Interest: Acceptance and Commitment Therapy, Dialectical Behavioral Therapy, psychoanalytic theory and practice

Certifications: Certified VA Acceptance and Commitment Therapy (ACT) Provider

Orientation: Third Wave CBT

Duman, Sarah, Ph.D.

Training Roles: Supervisor, Co-Director of Anxiety Disorder Clinic

Rotation: Primary Care Mental Health Integration

Undergraduate Program: Yale University, 2000

Graduate Program: USC Clinical Science, M.A. 2005

Doctoral Program: USC Clinical Science, PhD, 2010

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2009-2010

Postdoctoral Fellowship: Women's Health, UCLA/VA Greater Los Angeles, 2011-2012

Areas of Interest: Integrative Medicine, Mindfulness, Biofeedback, Psychology in Primary Care, Evidence Based Treatments, Posttraumatic Stress Disorder, Women Veterans, Family Therapy, Individual and Group Therapy.

Certifications: Board Certified in Biofeedback, iRest Yoga Nidra Level I teacher, VA CALM Mindfulness Facilitator.

Orientation: Cognitive Behavioral, Integrative

Ganzell, Steven, Ph.D.

Training Roles: Co-leader of Supervision of Supervision

Rotation: N/A

Undergraduate Program: Brigham Young University, 1981

Doctoral Program: Brigham Young University (Clinical), 1987

Predoctoral Internship: VA Los Angeles Outpatient Clinic 1985-1986

Postdoctoral Fellowship: UCLA Neuropsychiatric Institute Department of Neuropsychology 1986-1991

Academic Affiliations: Assistant Professor, Psychiatry and Behavioral Sciences, UCLA Neuropsychiatric Institute; Faculty, Fellowship in Neuropsychology, UCLA School of Medicine; Faculty, Fellowship Geriatric Psychiatry/Psychology, UCLA School of Medicine; Assistant Clinical Professor of Psychology, Fuller Graduate School

Areas of Interest: Neuropsychological diagnosis and treatment, Neuropsychodynamics, Medical Psychology, Non-Normative Assessment of Neurobehavioral Syndromes, Jungian Psychotherapy, the Dynamics of Groups and Institutions

Orientation: Jungian, Analytic

Joyce, Erin, Psy.D.

Training Roles: Supervisor; Co-leader of Couples/Family Seminar

Rotation: Women's Clinic, Health Psychology: Behavioral Medicine

Undergraduate Program: Georgetown University, 2000

Graduate Program: Teachers College, Columbia University, M.A., 2005

Doctoral Program: PGSP-Stanford Psy.D. Consortium, 2011

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2010-2011

Postdoctoral Fellowship: Harbor-UCLA Medical Center, Behavioral Medicine/HIV Services, 2011-2012

Areas of Interest: Behavioral Medicine/Health Psychology, Women Veterans and Women's Health Issues, Posttraumatic Stress Disorder, Evidence-Based Treatments, Psychotherapy (Individual, Group, Couples and Family)

Orientation: Cognitive-Behavioral, Integrative

Kulick, Alexis D., Ph.D., ABPP/CN

Training Roles: Director of Training, Supervisor, Facilitator of Neuropsychology Seminar

Rotation: Health Psychology: Behavioral Medicine (Polytrauma/TBI Clinic)

Undergraduate Program: Brandeis University, 1996

Doctoral Program: Bowling Green State University (Clinical), 2001

Predoctoral Internship: Southern Louisiana Internship Consortium, 2000-2001

Postdoctoral Fellowship: Kaiser Permanente, Oakland; Department of Behavioral Medicine, 2001-2002

Areas of Interest: Clinical Neuropsychology; Psychodiagnostic Assessment; Behavioral Medicine/Health Psychology; Pain Management

Certifications: Diplomate in Clinical Neuropsychology

Orientation: Cognitive-Behavioral, Eclectic/Integrative

Lewis, Melissa M., Ph.D.

(Formerly Maglione, Melissa L., Ph.D.)

Training Roles: Supervisor, Co-Leader of Evidence-Based Practice Seminar, Psychology Training Seminar Coordinator

Rotation: Addictive Behaviors Clinic

Undergraduate Program: University of San Francisco, 2001

Doctoral Program: Saint Louis University (Clinical), 2009

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2008-2009

Postdoctoral Fellowship: University of California, San Diego/VA San Diego Healthcare System, 2009-2010

Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder; Severe Mental Illness; Psychodiagnostic Assessment; Evidence-Based Interventions

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Certified VA Social Skills Training (SST) Provider

Orientation: Cognitive-behavioral, eclectic/integrative

Martin, Jennifer, Ph.D., FAASM, CBSM

Training Roles: Supervisor, Advisor

Rotation: Sleep Disorders Clinic

Undergraduate Program: University of California, San Diego, 1995

Doctoral Program: San Diego State University/University of California, San Diego Joint Doctoral Program (Clinical), 2002

Predoctoral Internship: Brown University, 2001-2002

Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003

Academic Affiliations: Adjunct Associate Professor, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology Faculty; Cedars Sinai Sleep Medicine Fellowship Program; Research Scientist, VAGLAHS Geriatric Research, Education and Clinical Center

Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Geriatrics; Health Psychology; Motivational Interviewing; Women's Health

Certifications: Certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine, Fellow of the American Academy of Sleep Medicine

Orientation: Cognitive-behavioral (with motivational enhancement and case conceptualization)

Schafer, David, Psy.D.

Training Roles: Associate Chair of the Psychology Department for Sepulveda and NBOCs, Associate Chief of Mental Health for Trauma Recovery Services, Supervisor, Co-Leader of Evidence-Based Practice Seminar

Rotation: N/A

Undergraduate Program: Drexel University, 1986

Doctoral Program: Pepperdine University (Clinical Psychology), 2008

Predoctoral Internship: The National Center for PTSD, VA Pacific Island Healthcare System, Honolulu, Hawaii 2007-2008

Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA; Adjunct Professor, Pepperdine University

Areas of Interest: Combat Trauma, Posttraumatic Stress Disorder, Anxiety, Depression, Trauma-focused Therapy, Mindfulness Meditation, Motivational Interviewing, Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT)

Certifications: Certified VA Prolonged Exposure (PE) Provider; Certified VA Acceptance and Commitment Therapy (ACT) Provider; Board Certified in Biofeedback (BCB)

Orientation: Existential, Behavioral, and Psychodynamic

Serpa, J. Greg, Ph.D.

Training Roles: Supervisor

Rotation: Health Psychology: Behavioral Medicine (MBSR)

Undergraduate Program: UCLA, 1985

Graduate Program: USC, School of Cinematic Arts, MFA, 1990

Doctoral Program: California School of Professional Psychology (Clinical), 2004

Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2003-2004

Postdoctoral Fellowship: HIV Mental Health, University of California Los Angeles, 2004-2005

Academic Affiliations: Associate Clinical Professor, Psychology Department, UCLA

Areas of Interest: Health Psychology, HIV Mental Health, LGBT Mental Health, Mind-Body Interactions, Mindfulness, Substance Use Disorders and Treatment, Supervision, Trauma

Certifications: National Trainer, American Psychological Association, HIV Office of Psychology Education, Certified Prolonged Exposure provider, MBSR teacher

Orientation: Cognitive-Behavioral, Mindfulness/Buddhist Psychology, Self Psychology

Spangler, Shana, Psy.D.

Training Roles: Supervisor; Co-Leader of Evidence-Based Practice Seminar; SACC Lead Psychologist

Rotation: MHRIT

Undergraduate Program: University of California, Los Angeles, 1998

Doctoral Program: Pepperdine University, 2009

Predoctoral Internship: W.G. "Bill" Hefner VA Medical Center, Salisbury, NC, 2008-2009

Postdoctoral Fellowship: University of California, San Francisco/VA San Francisco, PTSD/Substance Use, 2009-2010

Areas of Interest: Posttraumatic Stress Disorder; Substance Use; Evidence-Based Interventions; Student Veterans; OEF/OIF Post-Deployment Integrated Care; Primary Care – Mental Health Integration; Sleep Disorders.

Certifications: Certified VA Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy (IPT) Provider, and Prolonged Exposure (PE) Provider; Board Certified in Biofeedback (BCB)

Orientation: Cognitive-behavioral, eclectic/integrative

Graduate Programs of Recent Trainees

Intern Class of 2015-2016

Pepperdine University (Psy.D.)
Pepperdine University (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
University of California, Los Angeles (Ph.D.)
University of Missouri, Kansas City (Ph.D.)

Intern Class of 2014-2015

New York University (Ph.D., Counseling)
Pepperdine University (Psy.D.)
Pepperdine University (Psy.D.)
SDSU/UCSD Joint Doctoral Program in Clinical Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)
University of Southern California (Ph.D.)

Intern Class of 2013-2014

PGSP – Stanford Consortium (Psy.D.)
PGSP – Stanford Consortium (Psy.D.)
Palo Alto University, Pacific Graduate School of Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)
University of California, Los Angeles (Ph.D.)
SDSU/UCSD Joint Doctoral Program in Clinical Psychology (Ph.D.)

Intern Class of 2012-2013

PGSP – Stanford Consortium (Psy.D.)
PGSP – Stanford Consortium (Psy.D.)
Palo Alto University, Pacific Graduate School of Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)

Intern Class of 2011-2012

Bowling Green State University (Ph.D.)
PGSP – Stanford Consortium (Psy.D.)
Pepperdine University (Psy.D.)
Texas Tech University (Ph.D.)

Intern Class of 2010-2011

Long Island University, Brooklyn Campus (Ph.D.)
Loyola University, Maryland (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
Pepperdine University (Psy.D.)

Intern Class of 2009-2010

SDSU/UCSD Joint Doctoral Program in Clinical Psychology (Ph.D.)
Southern Illinois University at Carbondale (Ph.D., Counseling)
University of Southern California (Ph.D.)
University of Southern California (Ph.D.)

GETTING TO SEPULVEDA

16111 Plummer Street

North Hills, CA 91343

Driving Directions

From West LA

405 North to Nordhoff.

Left onto Nordhoff

Right onto Haskell

Left onto Plummer

Entrance to the Medical Center is on the right

From Ventura

101 South to the 405 North

Exit at Nordhoff

Left on Nordhoff

Right on Haskell

Left onto Plummer

Entrance to the Medical Center is on the right

From Bakersfield

Take the 99 or I-5 south to the I-5 to the 405 South

Exit at Devonshire

Right on Devonshire

Left on Haskell

Right on Plummer

Entrance to the Medical Center is on your right

From Ridgecrest/Palmdale

Take the 14 Freeway south to the I-5 to the 405 South

Exit at Devonshire

Left on Haskell

Right on Plummer

Entrance to the Medical Center is on the right